Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL GUIDELINE CLEARINGHOUSE

General

Guideline Title

Psychosocial. In: Guidelines for preventive activities in general practice, 8th edition.

Bibliographic Source(s)

Psychosocial. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 73-7.

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The levels of evidence (I-IV, Practice Point) and grades of recommendations (A-D) are defined at the end of the "Major Recommendations" field.

Depression

While there is evidence that depression screening instruments have reasonable sensitivity and specificity, the evidence for improved health outcomes and cost-effectiveness of screening for depression in primary care remains unclear. There is evidence for routine screening for depression in the general adult population in the context of staff-assisted support to the general practitioner (GP) in providing depression care, case management and coordination (e.g., via practice nurses) (B) (US Preventive Services Task Force [USPSTF], "Screening for depression," 2009). There is insufficient evidence to recommend routine screening in adults or adolescents where this level of feedback and management is not available (C) (USPSTF, "Screening for depression," 2009). There is insufficient evidence to recommend screening in children (USPSTF, "Screening and treatment," 2009). Clinicians should maintain a high level of awareness for depressive symptoms in patients at high risk for depression.

Depression: Identifying Risk

Who Is at Risk?	What Should Be Done?	How Often?	References
Average Risk • Adult population aged 18 years and older	Be alert to possible depression, but do not routinely screen unless staff-assisted depression care supports are in place. (C)	Opportunistically	USPSTF, "Screening for depression," 2009

Who Is at Risk?	What Should Be Done?	How Often?	References

Adolescents:
• Aged 12–18 years, particularly with:
  • Parental depression
  • Comorbid mental health or chronic medical conditions
  • Experienced a major negative life event
	The benefits of screening have not been established, particularly where access to effective treatment and follow-up is not available.
	
	Be alert for signs of depression in this age group. (B)
		At every encounter	USPSTF, "Screening and treatment," 2009; Sanci, Lewis, & Patton, 2010

	Consider use of the Home, Education/Employment, Activities, Drugs, Sexuality, Suicide (HEADSS) assessment tool (see the NGC summary of the Royal Australian College of General Practitioners [RACGP] guideline Preventive activities in children and young people).		McDermott et al., 2010; Chown et al., 2008
Increased Risk • Family history of depression • Other psychiatric disorders, including substance misuse • Chronic medical conditions • Unemployment • Low socioeconomic status (SES) • Older adults with significant life events (e.g., illness, cognitive decline, bereavement or institutional placement) • All family members who have experienced family violence • Experience of child abuse	Recurrent screening may be more useful in people deemed to be at higher risk of depression. (B) Maintain a high level of clinical awareness of those at high risk of depression.	Opportunistically	USPSTF, "Screening for depression," 2009

Test to Detect Depression

Test	Technique	References
Question regarding mood and anhedonia	Asking 2 simple questions may be as effective as longer instruments: "Over the past 2 weeks, have you felt down, depressed or hopeless?" and "Over the past 2 weeks, have you felt little interest or pleasure in doing things?" Asking a patient if help is needed in addition to these two screening questions improves the specificity of a general practitioner (GP) diagnosis of depression. (IV) In adolescents, consider use of Home, Education/Employment, Activities, Drugs, Sexuality, Suicide	National Collaborating Centre for Mental Health, 2009; Arroll et al., 2005

Test	Technique	References
	(HEADSS) assessment tool (see the NGC summary of the RACGP guideline Preventive activities in children and young people).	
	In women in the perinatal period, the Edinburgh Postnatal Depression Scale (also known as the EPDS) can be used to detect women requiring further assessment of possible major depression (B in the postnatal period) at www.blackdoginstitute.org.au/docs/ClinicansdownloadableEdinburgh.pdf or www.beyondblue.org.au/index.aspx?link_id=103.885 . See also the "Identification of Intimate Partner Violence" section below, as depression is a common reason for presentation in those experiencing violence.	Austin & Highet, 2011; McDermott et al., 2010; Chown et al., 2008

Suicide

There is a lack of evidence for the routine screening of patients using a screening instrument (C). GPs should be alert for higher-risk individuals and the possibility of suicide in those patients who are at higher risk. There is evidence that detecting and treating depression has a role in suicide prevention (Gaynes et al., 2004; Goldney, 2005). For example, incidence of suicide has decreased in older men and women in association with exposure to antidepressants (Hall et al., 2003; O'Connor et al., 2009).

Suicide: Identifying Risk

Who Is at Risk?	What Should Be Done?	How Often?	References
Average Risk • General population	No routine screening for suicide (III,C)	n/a	McNamee & Offord, 1994; USPSTF, "Screening for suicide," 2004; Goldney, 2008
Increased Risk Attempted suicide is a higher risk in the following: • Mental illness, especially mood disorders, alcohol and drug abuse • Previous suicide attempts or deliberate self-harm • Male • Young people and older people • Those with a recent loss or other adverse event • Patients with a family history of attempted or completed suicide • Aboriginal and Torres Strait Islander peoples • Widowed • Living alone or in prison • Chronic and terminal medical illness	Evaluate risk for suicide. (III,C)	When risk factors present and with all people aged 14–24 years	USPSTF, "Guide," 2004; Gaynes et al., 2004; O'Connor et al., 2009; McNamee & Offord, 1994

Tests to Detect Suicide Risk

Test	Technique	References
Evaluate the risk of suicide in the presence of risk factors	Assessment of risk involves enquiring into the extent of the person's suicidal thinking and intent, including: • Suicidal thinking – If suicidal thinking is present, how frequent and persistent is it? • Plan – If the person has a plan, how detailed and realistic is it? • Lethality – What method has the person chosen, and how lethal is it? • Means – Does the person have the means to carry out the method? • Past history – Has the person ever planned or attempted suicide? • Suicide of family member or peer – Has someone close to the person attempted or completed suicide? Consideration should also be given to: • Risk and protective factors • Mental state – hopelessness, despair, psychosis, agitation, shame, anger, guilt, impulsivity • Substance use – current misuse of alcohol or other drugs • Strengths and supports – availability, willingness and capacity of supports Patients with suicidal ideation should be questioned regarding preparatory actions (e.g., obtaining a weapon, making a plan, putting affairs in order, giving away prized possessions, preparing a suicide note).	McDermott et al., 2010
Screening for psychological distress with young people	The Home, Education/Employment, Activities, Drugs, Sexuality, Suicide (HEADSS) tool has questions that can assist in assessing suicide risk, for example: • Sometimes when people feel really down they feel like hurting, or even killing themselves. Have you ever felt that way? • Have you ever deliberately harmed or injured yourself (cutting, burning or putting yourself in unsafe situations, e.g., unsafe sex)? • Do you feel sad or down more than usual? How long have you felt that way? • Have you lost interest in things you usually like? • On a scale of 1 to 10, with 1 being the worst you feel and 10 being really great and positive, how would you rate your mood today?	Chown et al., 2008

Identification of Intimate Partner Violence

Consider asking all pregnant adult and adolescent women about partner violence during antenatal care (RACGP, 2008). There is insufficient evidence for screening the general population; however, there should be a low threshold for asking about abuse, particularly when the GP suspects underlying psychosocial problems (RACGP, 2008). Training GPs to identify violence has resulted in increased identification and referral to services (Feder et al., 2011). There is some evidence for the effectiveness of interventions in clinical practice to reduce partner violence.

Intimate Partner Violence: Identifying Risk

Who Is at Risk?	What Should Be Done?	How Often?	References

Increased Risk
• Pregnant adult and adolescent women
• Women with:
  • Symptoms of mental ill-health
  • Chronic unexplained physical symptoms
  • Unexplained injuries
  • Frequent attendance
• Men who:
  • Ask for help with anger
	Ask about partner violence.
	Ask about relationship and any abusive or controlling behaviours.
		Opportunistically	RACGP, 2008

Who Is at Risk?	What Should Be Done?	How Often?	References
• Have marital problems • Are 'wife mandated' to change their behavior • Have alcohol or other substance abuse problems • Were abused or witnessed intimate partner violence as a child			

Tests to Detect Intimate Partner Violence

Test	Technique	References
Ask about partner violence	Victimised women stress the importance of a trusting patient–doctor relationship, confidentiality, respectful and non-judgemental attitudes to achieving disclosure as well as acceptance of non-disclosure and a supportive response. It is crucial for safety reasons that any questions are asked privately, when the patient is alone – not when another family member, adult or child over the age of 2 years is present. It is a clinician's responsibility to ask and support women regardless of their response. Asking about abuse may 'plant a seed' for later action. The collaborative group believed that general practitioners (GPs) should ask women who are 'symptomatic' (e.g., symptoms of mental ill-health, chronic unexplained, physical symptoms, unexplained injuries, frequent attendance).	Victorian Government Department of Justice, 2006
	Questions and statements to make if you suspect domestic violence: • Has your partner ever physically threatened or hurt you? • Is there a lot of tension in your relationship? How do you resolve arguments? • Sometimes partners react strongly in arguments and use physical force. Is this happening to you? • Are you afraid of your partner? • Violence is very common in the home. I ask a lot of my patients about abuse because nobody should have to live in fear of their partners.	RACGP, 2008

Definitions:

Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls: • Non-randomised, experimental trial • Cohort study • Case–control study • Interrupted time series with a control group
III–3	Evidence obtained from a comparative study without concurrent controls: • Historical control study • Two or more single arm study • Interrupted time series without a parallel control group

IV Level	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

- Depression
- Suicide ideation and behaviour
- Intimate partner violence

Guideline Category

Prevention

Risk Assessment

Screening

Clinical Specialty

Family Practice

Geriatrics

Internal Medicine

Obstetrics and Gynecology

Pediatrics

Preventive Medicine

Psychiatry

Psychology

Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Public Health Departments

Social Workers

Guideline Objective(s)

- To facilitate evidence-based, psychosocial preventive activities in primary care
- To provide a comprehensive and concise set of recommendations for patients in general practice with additional information about tailoring risk and need
- To provide the evidence base for which primary healthcare resources can be used efficiently and effectively while providing a rational basis to ensure the best use of time and resources in general practice

Target Population

Individual aged ≥12 years living in Australia, including Aboriginal and Torres Strait Islander peoples

Interventions and Practices Considered

1. Screening for depression
2. Screening for and assessment of risk for suicide
3. Screening for psychological distress in young people using the Home, Education/Employment, Activities, Drugs, Sexuality, Suicide (HEADSS) tool
4. Screening for and assessment of risk for intimate partner violence

Major Outcomes Considered

- Prevalence of mental disorders, including anxiety and affective disorders
- Sensitivity and specificity of depression screening instruments
- Effectiveness of suicide screening instruments
- Incidence of suicide
- Effectiveness of interventions to reduce partner violence

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Sources of Recommendations

The recommendations in these guidelines are based on current, evidence-based guidelines for preventive activities. The Taskforce focused on those most relevant to Australian general practice. Usually this means that the recommendations are based on Australian guidelines such as those endorsed by the National Health and Medical Research Council (NHMRC).

In cases where these are not available or recent, other Australian sources have been used, such as guidelines from the Heart Foundation, Canadian or United States preventive guidelines, or the results of systematic reviews. References to support these recommendations are listed. However, particular references may relate to only part of the recommendation (e.g., only relating to one of the high-risk groups listed) and other references in the section may have been considered in formulating the overall recommendation.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Level	Explanation
I	Evidence obtained from a systematic review of level II studies
II	Evidence obtained from a randomised controlled trial (RCT)
III–1	Evidence obtained from a pseudo-randomised controlled trial (i.e., alternate allocation or some other method)
III–2	Evidence obtained from a comparative study with concurrent controls: • Non-randomised, experimental trial • Cohort study • Case–control study • Interrupted time series with a control group
III–3	Evidence obtained from a comparative study without concurrent controls: • Historical control study • Two or more single arm study • Interrupted time series without a parallel control group
IV	Case series with either post-test or pre-test/post-test outcomes
Practice Point	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

These *Guidelines for preventive activities in general practice*, 8th edition, have been developed by a taskforce of general practitioners (GPs) and experts to ensure that the content is the most valuable and useful for GPs and their teams. The guidelines provide an easy, practical and succinct resource. The content broadly conforms to the highest evidence-based standards according to the principles underlying the Appraisal of Guidelines Research and Evaluation.

The dimensions addressed are:

- Scope and purpose
- Clarity of presentation
- Rigour of development
- Stakeholder involvement
- Applicability
- Editorial independence

The Red Book maintains developmental rigour, editorial independence, relevance and applicability to general practice.

Screening Principles

The World Health Organization (WHO) has produced guidelines for the effectiveness of screening programs. The Taskforce has kept these and the United Kingdom National Health Services' guidelines in mind in the development of recommendations about screening and preventive care.

Rating Scheme for the Strength of the Recommendations

Grades of Recommendations

Grade	Explanation
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

Not stated

Evidence Supporting the Recommendations

References Supporting the Recommendations

Arroll B, Goodyear-Smith F, Kerse N, Fishman T, Gunn J. Effect of the addition of a "help" question to two screening questions on specificity for diagnosis of depression in general practice: diagnostic validity study. BMJ. 2005 Oct 15;331(7521):884. PubMed

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US Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Washington (DC): Office of Disease Prevention and Health Promotion; 2004.

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US Preventive Services Task Force. Screening for depression in adults, topic page. [internet]. Rockville (MD): USPSTF; 2009 [accessed 2012 Jun 01].

US Preventive Services Task Force. Screening for suicide risk, topic page. Rockville (MD): Agency for Healthcare Research and Quality; 2004.

Victorian Government Department of Justice. Management of the whole family when intimate partner violence is present: guidelines for primary care physicians. [internet]. Melbourne: Victorian Government Department of Justice; 2006 [accessed 2008 Jan 01].

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for selected recommendations (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- Appropriate detection and management of mental illness, especially depression and anxiety
- Detecting and treating depression has a role in suicide prevention.
- Training general practitioners to identify violence has resulted in increased identification and referral to services. There is some evidence for the effectiveness of interventions in clinical practice to reduce partner violence.

Subgroups Most Likely to Benefit

The national health survey identified that 'the proportion of people who reported having mental problems increased as levels of socioeconomic disadvantage increased'.

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.
- Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.
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- These guidelines have not included detailed information on the management of risk factors or early disease (e.g., what medications to use in treating hypertension). Similarly, they have not made recommendations about tertiary prevention (preventing complications in those with established disease). Also, information about prevention of infectious diseases has been limited largely to immunisation and some sexually transmitted infections (STIs).

Implementation of the Guideline

Description of Implementation Strategy

For preventive care to be most effective, it needs to be planned, implemented and evaluated. Planning and engaging in preventive health is increasingly expected by patients. The Royal Australian College of General Practitioners (RACGP) thus provides the Red Book and *National guide to inform evidence-based guidelines*, and the Green Book (see the "Availability of Companion Documents" field) to assist in development of programs of implementation. The RACGP is planning to introduce a small set of voluntary clinical indicators to enable practices to monitor their preventive activities.

Implementation Tools

Chart Documentation/Checklists/Forms

Quick Reference Guides/Physician Guides

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Timeliness

Identifying Information and Availability

Bibliographic Source(s)

Psychosocial. In: Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. p. 73-7.

Adaptation

This guideline has been partially adapted from Australian, Canadian, United Kingdom, and United States preventive guidelines.

Date Released

2012

Guideline Developer(s)

Royal Australian College of General Practitioners - Professional Association

Source(s) of Funding

Royal Australian College of General Practitioners

Guideline Committee

Red Book Taskforce

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Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the Royal Australian College of General Practitioners (RACGP) Web site .

Availability of Companion Documents

The following are available:

- Preventive activities over the lifecycle – adults. Preventive activities over the lifecycle – children. Electronic copies: Available in Portable Document Format (PDF) from the Royal Australian College of General Practitioners (RACGP) Web site .
- Putting prevention into practice (green book). East Melbourne (Australia): Royal Australian College of General Practitioners; 2006. 104 p. Electronic copies: Available in PDF from the RACGP Web site .
- National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. 100 p. Electronic copies: Available in PDF from the RACGP Web site .
- Abuse and violence: Working with our patients in general practice (white book). East Melbourne (Australia): Royal Australian College of General Practitioners; 2008. 98 p. Electronic copies: Available in PDF from the RACGP Web site .

Patient Resources

None available

NGC Status

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